



FORM A

APPLICATION FOR ACCREDITATION AS AN ELECTORAL OBSERVER GROUP



PLEASE COMPLETE AND RETURN THIS FORM, TOGETHER WITH THE LIST OF YOUR OBSERVERS, TO THE OFFICE OF THE ELECTORAL COMMISSION BY 4:30pm ON FRIDAY 27 OF MARCH 2026.

Name of organization:	<input type="text"/>
Name of chairperson, secretary or head of organization:	<input type="text"/>
Contact address of organization:	<input type="text"/>
Contact details of organization:	<input type="text"/>
Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Email or fax	<input type="text"/>

Type of organization

<input type="checkbox"/>	International NGO	<input type="checkbox"/>	Religious organization
<input type="checkbox"/>	Government/parliamentary delegation	<input type="checkbox"/>	Civil society organization
<input type="checkbox"/>	Intergovernmental body	<input type="checkbox"/>	Academic organization
<input type="checkbox"/>	Community organization		
<input type="checkbox"/>	Other (<i>Please describe</i>)	<input type="text"/>	

Proposed date of deployment of electoral observers:	<input type="text"/>
Name of proposed liaison officer for the organization:	<input type="text"/>
Liaison officer's contact details in Honiara:	
Address	<input type="text"/>
Phone	<input type="text"/>
Mobile phone	<input type="text"/>
Email or fax	<input type="text"/>

I hereby declare that all the information supplied in this form is correct. I further declare that this organization is not affiliated in any way with any candidate for political office.

Signature of Head of Organization	<input type="text"/>
Date:	<input type="text"/>

For office use only

Accreditation number:

Received by:

Date:

CEO's signature:

Date approved:

Solomon Islands Electoral Commission

Po Box 1500, National Stadium Building, NHA Food Court Building, King George VI Drive, Honiara,
Solomon Islands
(677) 7222200, Fax: (677) 21198



FORM B

APPLICATION FOR REGISTRATION OF ELECTORAL OBSERVERS



Please list below the names, places of residence and dates of birth of the people whom you wish to nominate as electoral observers with your organisation.

Name of organisation:

No	Full Names	Place of residence	Date of birth

Name and Signature of Head or Liaison Officer of the Organisation:

Date: / /

Solomon Islands Electoral Commission

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